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Bib Data Sheet

CONFIRMATION NO. 7654

SERIAL NUMBER 10/672,009	FILING OR 371(c) DATE 09/26/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. CSI-2027
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APPLICANTS

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** CONTINUING DATA ***** NONE, 01/8/07

** FOREIGN APPLICATIONS ***** NONE, 01/8/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
12/16/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged Lauren M. Mayer P Initials

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TITLE

Surgical connection apparatus and methods

FILING FEE RECEIVED 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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